

## GAIN-I Recommendation and Referral Summary (G-RRS)

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**Name:** PHILLIP

**Evaluator:**
**Date of Birth:** 04/10/1988

**Screening Date:** 07/16/2005; 80 min.

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### Presenting Concerns and Identifying Information

PHILLIP is a 17 year old Caucasian/White (Self-described as "WHITE") male who has never been married and who has no children. He presented as a typically groomed individual with no apparent physical abnormalities. He was referred to Chestnut Health Systems by "RYAN K.", ("PROBATION OFFICER"). PHILLIP stated that the reason for coming to Chestnut Health Systems was because 1) "WAS ARRESTED FOR CANNABIS" and 2) "P.O. SAID TO COME FOR EVAL.". <<Prompt - Expand on reason referred>> PHILLIP last attended school or training within the past two days at "REGIONAL ALTERNATIVE SCHOOL" and has completed through grade 10. PHILLIP reported working 1 to 3 months ago at "X-ALL CONSTRUCTION". <<Prompt - Enter custody arrangements, living situation, current address, parents' marital status, addresses of relevant parents/guardians>>

Below is a five axis diagnostic summary of PHILLIP's problems. This is followed by a narrative summary of the evaluation procedures, a detailed substance use diagnosis and treatment history, an assessment of placement and service needs, and the evaluator's recommendations for specific services and level of care/program placement to best address them.

### DSM-IV/ICD-9 Diagnoses

<<Prompt—"Reconcile self-report vs. staff impression on all five axes">>

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<b>Assessor Comments</b>	NO <<Prompt - Enter additional comments or specify if none>>
<b>Current Treatment</b>	Mental health treatment: "DR. HOLLY"
<b>Current Medications</b>	None reported
<b>Current Allergies</b>	None reported

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#### Axis I: Clinical Disorders/Focal Conditions

305.00	Alcohol Abuse
304.30	Cannabis Dependence w/ Physiological Sx. - Early Partial Remission
314.00	Attention Deficit Hyperactive Disorder - Inattentive Type
312.80	Conduct Disorder
____.	CANNABIS DEPENDENCE [Staff impression in XDIAG1b]
____.	ADHD-FROM DR. HOLLY [Staff impression in XDIAG1a]

#### Axis II: Personality Disorders/Mental Retardation

None reported

### **Axis III: General Medical Conditions**

None reported

### **Axis IV: Psychosocial and Environmental Problems**

- Weekly intoxication among peers
- Substance use among peers
- Weekly fighting among peers
- Special or alternative education program
- Academic problems
- Arrested in the past 90 days
- Probation or parole violations in the past 90 days
- On probation
- Other legal system involvement COMMUNITY SERVICE SENTENCE
- High lifetime history of traumatic victimization
- Major change in relationships (marriage, divorce, separations)

### **Axis V: Average Clinical Functional Assessment Ratings**

- Global Assessment of Functioning (GAF) Past Year: 65- Some Mild Symptoms.
- Global Assessment of Functioning (GAF) Past 90 Days: 60- Moderate Symptoms.

## **Evaluation Procedure**

As part of PHILLIP's evaluation, the Global Appraisal of Individual Needs (GAIN) was orally administered by staff; done with pen and paper. The evaluator reported that other people were present or within earshot during the administration, and observed that PHILLIP appeared: anxious or nervous; cooperative. Additional sources of information consulted during PHILLIP's evaluation include: "CORRESPONDENCE WITH DR. HOLLY"<<*Prompt – Enter other sources of information (if consulted) used as part of evaluation (e.g. urine test results, Family History Questionnaire, CAF, probation, etc)*>>

## **Substance Use Diagnoses and Treatment History (ASAM criteria A)**

PHILLIP reported first using any alcohol or other drugs at age 13 and liking to use "MARIJUANA" the most. He thinks that treatment is most needed for "MARIJUANA" use. Presented below, in order of clinical severity, is each of the substances for which PHILLIP self-reported symptoms sufficient to meet criteria for a dependence or abuse diagnosis.

Cannabis: PHILLIP self-reported symptoms sufficient to meet criteria for cannabis dependence with physiological symptoms and stated that cannabis use was initiated at age 14. PHILLIP reported most recently consuming "6 BOWLS" on 07/11/2005. Out of the 90 days prior to evaluation, he reported using cannabis on 27 of those days. His peak use of this substance during this time was sharing the equivalent of 7 joints over 8 hour(s) with 1 other person. During the evaluation, PHILLIP reported 6

lifetime problem(s) specific to Cannabis Dependence. In the past month, he reported: having withdrawal problems from cannabis like shaking hands, throwing up, having trouble sitting still or sleeping; spending a lot of time either getting cannabis, using it, or feeling the effects of it (high, sick). Over the past 2-12 months, he reported: using cannabis in larger amounts, more often or for a longer time than intended. Over one year ago, he reported: needing more cannabis to get the same high or found that the same amount did not produce the same high as it used to; being unable to cut down or stop using cannabis; giving up, reducing, or having problems at important activities at work, school, home, or social events because of cannabis use. When asked about signs and symptoms related to cannabis abuse in the past month, he reported: having repeated problems with the law due to cannabis use; continuing to use cannabis even though it was causing social problems, leading to fights, or getting him into trouble with other people.

Alcohol: PHILLIP self-reported symptoms sufficient to meet criteria for alcohol abuse and stated that alcohol use to intoxication was initiated at age 13. PHILLIP reported most recently consuming "10 BEERS" on 07/11/2005. Out of the 90 days prior to evaluation, he reported using alcohol on 15 days, 15 of those days to intoxication. His peak use of this substance during this time was 15 drinks over 5 hour(s) sharing with 0 other people. During the evaluation, PHILLIP reported 2 lifetime problem(s) specific to Alcohol Dependence. In the past month, he reported: spending a lot of time either getting alcohol, using it, or feeling the effects of it (high, sick). Over the past 2-12 months, he reported: needing more alcohol to get the same high or found that the same amount did not produce the same high as it used to. When asked about signs and symptoms related to alcohol abuse in the past month, he reported: continuing to use alcohol even though it was causing social problems, leading to fights, or getting him into trouble with other people. Over one year ago, he reported: continuing to use alcohol despite recognition that it interfered with meeting responsibilities at work, school, or home.

Other Substance Use: Though no criteria were met for any further abuse or dependence diagnoses, he reported using the following: hallucinogens; other drug ("NITROUS OXIDE"). <<**Prompt - Enter other substances used reported by collateral or urine test results**>>

History of Substance Abuse Treatment PHILLIP reported no history of being in a detoxification program. He reported a history of participating in self-help group meetings, none in the past 90 days. The last time PHILLIP received any kind of substance abuse treatment was 4 to 12 months ago. He is not currently in treatment and is not taking medication for substance use problems. Below is his history of formal substance abuse treatment:

Program Name	Type of Treatment	Approx Admit Date	Approx Disch. Date
PAVILLION	Inpatient/Residential/ Halfway house (ST / LT / HH)	07/01/2002	07/15/2002

## Level of Care and Service Needs (ASAM Criteria B)

*<<Prompt – Enter collateral information obtained about problems in relevant areas>>*

### **Dimension B1 - Acute Alcohol and/or Drug Intoxication and/or Withdrawal Potential**

PHILLIP scored in the no/minimal range of the Current Withdrawal Scale. PHILLIP stated last using any substance 3 to 7 days prior to the evaluation.

Based on this information, the evaluator recommends *<<Prompt: Enter "Monitoring for change in intoxication or withdrawal symptoms", or "ambulatory detoxification services related to withdrawal", or "inpatient detoxification services related to current intoxication and withdrawal". >>*

### **Dimension B2 - Biomedical Conditions and Complications**

**Overall Health and Pain Assessment:** PHILLIP reported no allergies to medicines, foods, pollen or other things. During the past year, PHILLIP rated his overall health as excellent and scored in the no/minimal range of the Health Distress Scale. He scored in the no/minimal range of the Health Problems Scale, reporting that in the past 90 days he was not bothered by health problems and was not kept from meeting his responsibilities.

**Nutrition and Exercise.** PHILLIP reported standing about 73 inches tall and weighing approximately 150 pounds without shoes. According to these statistics, PHILLIP's Body Mass Index (BMI) is 19.8, a score which suggests he is of average weight. During the past 90 days, PHILLIP described going 0 day(s) without eating or throwing up much of what was eaten and exercising for at least 20 minutes on 5 day(s).

**Sexual Activity and Orientation.** PHILLIP reported last having any kind of sex with another person more than 12 months ago. He identified having significant sexual or romantic attractions mostly to the opposite sex. He described his sexual orientation as heterosexual or straight. He described that preferred form(s) of contraception to avoid pregnancy or sexually transmitted diseases included: a condom or other barrier.

**Treatment History for Health Problems.** PHILLIP reported a history of 1 emergency room admission but no medication currently being taken for allergies or health problems. The last time he was seen by a doctor or nurse about a health problem was more than 12 months ago. He is not currently being treated.

Based on this information, the evaluator recommends *<<Prompt: Enter "Monitoring for change physical health (and medication compliance) ", or "the following specific accommodations for medical conditions required to participate in treatment: List out", or "a more detailed medical assessment (including nutritional guidance)", or "referral for the following specific medical services: List out". >>*

### **Dimension B3 - Emotional, Behavioral, or Cognitive Conditions and Complications**

**Emotional Conditions.** PHILLIP scored in the no/minimal range of the Internal Mental Distress Scale. He described experiencing the following significant problems over the past 12 months: feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future; feeling easily annoyed, irritated, or having trouble controlling a temper; losing or gaining 10 or more pounds when not trying to. He reported last feeling significantly disturbed by any kind of nerve, mental, or psychological problems 1 to 4 weeks ago and on 8 out of the past 90 days. PHILLIP did not report having homicidal thoughts for someone else or suicidal thoughts toward himself.

**Behavioral Conditions.** PHILLIP scored in the moderate range of the Behavior Complexity Scale. Over the past 12 months, PHILLIP endorsed experiencing the following problems 2 or more times: making mistakes because of not paying attention; having a hard time paying attention at school, work, or home; not following instructions or not finishing assignments; having a hard time staying organized or getting everything done; losing things that were needed for school, work, or home; being forgetful or absentminded; fidgeting or having a hard time keeping still when supposed to; giving answers before the other person finished asking the question. Over the past 12 months, he endorsed engaging in the following behaviors 2 or more times: bullying or threatening other people; staying out at night later than a parent or partner wanted; skipping work or school. He reported last having problems paying attention, controlling behavior, or breaking rules within the past two days and on 60 out of the past 90 days.

**Arguing and Aggression.** During a disagreement in the past 12 months, PHILLIP described: discussing it calmly and settling the disagreement; leaving the room or area rather than argue; insulting, swearing, or cursing at someone; threatening to hit or throw something at another person; pushing, grabbing, or shoving someone; slapping another person; kicking, biting or hitting someone. He reported last swearing, cursing, threatening someone, throwing something, pushing or hitting someone in any way during an argument 3 to 7 days ago and that this behavior occurred on 10 out of the past 90 days.

**Illegal Activity and Juvenile Justice Systems Involvement.** PHILLIP reported a lifetime history of 10 arrests. During the past 90 days, he reported the following: on probation 90 days. PHILLIP reported last being arrested 1 to 4 weeks ago and charged with: drunkenness or other liquor law violation; possession, dealing, distribution or sale of drugs; probation or parole violations; status or other offenses ("PARAPHENALIA"). He reported that he was: awaiting a trial; awaiting sentencing; on probation; other legal system involvement ("COMMUNITY SERVICE SENTENCE"). <<Prompt - If applicable, enter next court date or other important legal system date>> He stated he last engaged in any behavior that might result in getting into trouble or be against the law (besides using alcohol or other drugs) more than 12 months ago.

**Cognitive Conditions.** PHILLIP scored in the no/minimal range of the Cognitive Impairment Screen at the time of the evaluation. The evaluator observed no indications of developmental disabilities and no evidence of cognitive impairment. PHILLIP reported a history of attendance in special education classes or services or an alternative school program.

**Treatment History for Emotional, Behavioral, or Cognitive Problems.** According to self-report, PHILLIP was diagnosed by a doctor, nurse or counselor with: attention-deficit/hyperactivity disorder;

depression, dysthymia or other mood disorder. PHILLIP stated that he last received treatment for a mental, emotional, behavioral, or psychological problem 1 to 3 months ago. During the past 90 days, he reported: visiting a doctor in an office or outpatient clinic 4 times. PHILLIP is currently receiving treatment from "DR. HOLLY", where treatment has been received for the past 10 years.

Based on this information, the evaluator recommends <<*Prompt: Enter "Monitoring for change in mental health (and medication compliance)", or "the following specific accommodations for psychological conditions required to participate in treatment: List out", or "a more detailed psychological assessment ", or "referral for the following specific psychological services: List out".*

#### **Dimension B4 – Readiness to Change**

At the time of the evaluation, PHILLIP acknowledged problems related to alcohol or drug use and currently felt there was a lot of pressure to be in alcohol or drug treatment from: a court, parole or probation officer, or other part of the criminal justice system. PHILLIP's responses suggested moderate internal motivation/pressure to be in treatment, and high barriers/peer resistance to treatment.

**Reasons for Quitting.** PHILLIP reported that he has not quit using substances yet and is about 80% ready to stop. He thought that the following would be good reasons to quit using: to be able to think more clearly; to improve memory; to get more things done during the day; to have more energy; concern that life would be shortened by using alcohol or other drugs; so that hair and clothes would not smell; to feel in control of life; to not burn holes in clothes or furniture; to prove to himself that he was not addicted; because there would not be a need to leave social functions or other people's houses to drink, smoke or use; because of knowing other people with health problems that were caused by alcohol or drug use; to show himself that quitting was possible if he really wanted to; to save the money spent on alcohol or drug use; for spiritual or religious reasons; to do better in life; because people he is close to will be upset with him if substance use is continued; because parents, a girlfriend, a boyfriend or other close person will stop nagging if substance use is quit; because someone has said to quit or else; because there is an alcohol or drug testing policy in detention, probation, parole or school; because of legal problems related to alcohol or drug use.

Based on this information, the evaluator recommends <<*Prompt - Enter "Monitoring for change in readiness for change", or "the following assistance to help address treatment resistance: List out", or "individual motivational enhancement sessions", "the following specific services to help maintain motivation to stay in recovery: list out".>>*

#### **Dimension B5 – Relapse, Continued Use, or Continued Problem Potential**

Combined with the problems above and risks from the recovery environment below, the following conditions are possible influences on PHILLIP's risk of relapse or continued use.

- Reported 3 or more symptoms of dependence/abuse in the past month
- First used substances or got drunk under the age of 15

-- Continued substance use despite prior treatment

Based on this information, the evaluator recommends <<*Prompt - Enter "Monitoring for change in relapse potential", or "relapse prevention skills groups", or "increased structure to reduce environmental risks of relapse", or "the following specific steps to reduce continued use/relapse potential: list out". >>*

### **Dimension B6 - Recovery Environment**

The following are features of PHILLIP's environment that may be critical to recovery:

**Family/Home Environment.** During the past year, PHILLIP reported living with the following: parents; brothers or sisters over 12. He also reported that there was active parental involvement in his life. PHILLIP reported that of the people he regularly lived with during the past year: all were employed or in school or training full-time, none were involved in illegal activity, none got drunk weekly, a few used drugs during the past 90 days, none shouted, argued, and fought most weeks, none have been in drug or alcohol treatment, and none would describe themselves as being in recovery.

**School Environment.** PHILLIP reported last attending school or training at "REGIONAL ALTERNATIVE SCHOOL" within the past two days and had completed through grade 10. He stated that during the past year, he had: received bad grades or had grades drop; come in late or left school early; gotten into a fight or trouble at school; been absent 5 or more days from school; skipped or "cut" school. During the last year of school, PHILLIP described earning the following pattern of grades: other ("C'S AND D'S"). Of the 59 days that PHILLIP was supposed to be in school during the past 90 days, he reported missing 0 days, being in trouble on 1 days, and being suspended on 0 days.

**Work Environment.** PHILLIP reported last working at "X-ALL CONSTRUCTION" 1 to 3 months ago. Of the 10 days that PHILLIP was supposed to be at work during the past 90 days, he reported missing 0 days, being in trouble on 0 days, and being suspended on 0 days. He described spending 1/3 or more of the past 90 day income on alcohol and/or drugs.

**Social Network Environment.** PHILLIP stated that of the people he had regularly worked or gone to school with during the past year: all were employed or in school or training full-time, none were involved in illegal activity, most got drunk weekly, most used drugs during the past 90 days, none shouted, argued, and fought most weeks, none have been in drug or alcohol treatment, and none would describe themselves as being in recovery. He reported that of the people he had regularly socialized with during the past year: most were employed or in school or training full-time, none were involved in illegal activity, none got drunk weekly, all used drugs during the past 90 days, all shouted, argued, and fought most weeks, most have ever been in drug or alcohol treatment, and a few would describe themselves as being in recovery.

**Sources of Social Support.** PHILLIP reported the following sources of social support during the past year: a professional counselor or other health provider; friends or colleagues from other companies or schools without worrying about things getting back to others at work or school; people at work or school to talk to about day-to-day things; people at work or school who could help get assignments done;

family members or close partners to talk to and rely on; friends to just hang out with and not talk about work or family issues; a (legal) hobby or activity that was enjoyed and participated in; someone to talk to about needs and emotions; someone who could help figure out how to cope with current or potential problems.

**Personal Strengths.** PHILLIP identified the following as personal strengths during the past year: doing well at work; doing well with close friends; doing well at sports, exercise, or other physical activity; working or playing with computers. He believed that his most important personal strength(s) was(were): "WORK CONSTRUCTION".

**Spirituality.** PHILLIP reported no affiliation with a religious group, does not consider these religious or spiritual beliefs to be very strong, does not consider these religious or spiritual beliefs to be very important and does not consider these religious or spiritual beliefs to be an influence on decisions.

**Satisfaction with Environment.** Overall, PHILLIP reported being satisfied with the following aspects of his environment: how free time is spent; the extent to which problems were being coped with or help was being received for problems. He stated feeling not satisfied with: current living arrangements; family relationships; sexual and/or marital relationships; current school and work situations.

**Victimization.** PHILLIP reported a lifetime history of emotional abuse and scored in the high range of the lifetime General Victimization Scale. He stated that the last time problems occurred was more than 12 months ago. He was not currently worried about being physically, sexually or emotionally victimized. PHILLIP reported that no help has been received related to these issues. <<**Prompt - Record content of any reports made to DCFS and what follow-up occurred.**>>

Based on this information, the evaluator recommends <<**Prompt: "Monitoring for change in recovery environment", or "a residential or more structured treatment setting to temporarily control environmental risks", or "the following specific steps to reduce recovery environment risks: list out", or "the following specific steps to take further advantages of sources of support/personal strengths: list out".**>>

### **Recommendations**

Given current involvement, treatment should be coordinated with: Mental Health Treatment; Legal System Involvement; School. Based on the completed evaluation, PHILLIP is recommended for the following level of care: <<**Prompt – Enter recommendations. Comment on any special barriers to placement and what might be done about them. Comment on need to coordinate care with other treatment or agencies.**>>

Evaluator

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Client/Patient Signature

Date

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Evaluator Signature

Date

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Clinical Supervisor

Date

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Medical Staff

Date

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Other

Date

**Additional Staff Notes to Incorporate Above or Delete**

M5d: stopped meds several months ago--ritalin and wellbutrin

E3a7: twin brother

E10\_3: parents separated

L5a1: 1x

L5a9: 2x

L5a15: 2x

L5a16: 3x

L5a18: 1x

L5a99: 4x

V7a: 1 month: started summer school